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Summary of mid-term reviews and major evaluations of country programmes

South Asia region

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1) which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews (MTRs) and major country programme evaluations, specifying, *inter alia*, the results achieved, lessons learned and the need for any adjustments in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTRs and evaluations described in the present report were conducted during 1999.

Introduction

1. Three mid-term reviews (MTRs) were conducted in South Asia during 1999 — for the programmes in Bhutan, Nepal and Sri Lanka. Four major evaluations are also reported on in the present document: (a) the Ministry of Local Government and Rural Development Water Supply and Environmental Sanitation Programme supported by UNICEF (1992-1998) in Pakistan; (b) UNICEF support to the water and environmental sanitation (WES) programme over a period of 30 years in India; (c) the Chittagong Hills Tract project in Bangladesh; and (d) the Urban Basic Services Development Project in Bangladesh.

Country mid-term reviews

Bhutan

2. The MTR was undertaken jointly by the Government and UNICEF, with the participation of other United Nations agencies and donor representatives.

3. **The situation of children and women**. The economy has continued to improve, with an average

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annual growth rate of 6 per cent. The Government allocates 23 per cent of the national budget to the social sector, which, together with Bangladesh and Maldives, places Bhutan among the highest in the region. However, there has not been a review to assess how much of this is allocated to basic social services, although it is estimated to consume up to 75 per cent of total social sector expenditures.

4. Expanded programme on immunization (EPI) coverage, which reached 80 per cent in the early 1990s, has been sustained. The maternal mortality rate is high. The official United Nations rate quotes 1,600 maternal deaths per 100,000 live births, but government figures quote a rate of 380. Methodological and denomination problems remain to be resolved. The Government has developed a safe motherhood policy in association with the World Health Organization (WHO), the United Nations Population Fund (UNFPA) and UNICEF. This will be reinforced from 2000 by additional resources available from a region-wide programme supported by the Bill Gates Foundation. Eleven cases of HIV/AIDS have been identified, and the Government understands the danger of escalation and is undertaking a nationwide communication campaign on the problem. The push for a two-child family norm continues, although statistics on trends in fertility are not available. The total goitre rate was reduced from a high of 24 per cent in 1990 to 14 per cent in 1996 owing to the universal availability of iodized salt produced in the country and supported by Kiwanis through UNICEF. Five districts are being monitored annually for the total goitre prevalence rate on a rotation basis so that eventually all districts will be monitored.

5. Gross primary education enrolment is 72 per cent, with girls approaching parity as more enrol each year (43 per cent of enrollees in 1996 compared to 46 per cent in 1999). However, net enrolment stands at 69.6 per cent. Non-formal education is expanding as communities request authorities to establish literacy classes, mainly for adolescent girls. In 1999, four graduates of the non-formal education programme, which is assisted by UNICEF, became representatives of their villages in the National Assembly, in which there are now nine women.

6. Improved water coverage has increased from 57 per cent in 1997 to 63 per cent in 1999; and sanitation from 70 to 82 per cent during the same period. UNICEF was the major implementing partner in the rural water and sanitation sector starting in 1974, when coverage was barely 3 per cent. In the interim, 1,800 water supply schemes were established with UNICEF support. Many donors funded this project through UNICEF, including the Danish International Development Agency (DANIDA), the European Union, the Organization of Petroleum Exporting Countries, and the Governments of Australia, Austria, Canada, Germany, Japan and the United Kingdom.

7. The Government is becoming more representative. In 1998, the monarchy devolved powers to an elected cabinet, while decentralization is taking place through strengthening district and block administrations and local popular assemblies. In June 1999, a communications barrier was lifted as Bhutan connected to the Internet and broadcast its first domestic television programme.

8. **Achievements and constraints.** Seven years overdue, the first report on implementation of the Convention on the Rights of the Child was submitted to the Committee on the Rights of the Child in March 1999. Through advocacy and discussion programmes, the principles of rights-based programming are becoming familiar to key government counterparts.

9. After 25 years, UNICEF ended direct involvement in nationwide rural water supply activities, but will continue to focus on sanitation and hygiene education. In the first national push to achieve the universal safe water coverage goals, DANIDA will assume direct funding and support for the rural water sector. A formative evaluation of the innovative model village project, which focuses on improving the environmental conditions of villages through a combination, *inter alia*, of water and sanitation interventions, hygiene education and village health volunteers, indicated success in reducing the incidence of disease in the most advanced villages. Between the MTR and the end of the current country programme, there will be a stronger focus on this project, moving towards full implementation of the programme model in villages in districts throughout the country. The evaluation of the religion and health project, which aims at improving the quality of life by harmonizing religious faith and practice with information on modern health care, especially improved hygiene, showed gains as religious practitioners have adopted and advocated improved health and hygiene practices at the community level.

10. National immunization days (NIDs), massive logistical feats for a nation with few roads, have continued with UNICEF and WHO support. UNICEF has assisted through advocacy and NIDs, the training of village health workers, and the provision of vaccines and other supplies. Despite bordering an area where polio is still prevalent, no cases of the disease have been reported in the country since 1986.

11. Primary education enrolment and achievement levels continue to rise. UNICEF assists through the provision of textbooks; teacher training for multigrade education; and improvement of educational and living facilities, targeting girls in particular. An emerging constraint is the shortage of trained teachers, which threatens recent quality gains. Innovative teacher-training methods are under investigation. Those who have graduated from the non-formal education courses supported by the programme have indeed acquired literacy and numeracy skills, as well as relevant life skills, and appear to be sustaining their literacy skills after 12 months.

12. Two cross-cutting constraints face the programme. First, limited infrastructure for the transportation of goods, such as supplies for the water and sanitation programmes, is proving to be a perennial constraint for programmes in Bhutan and can hinder implementation. Secondly, restructuring in the civil service, including the promotion and transfer of key staff, has been a constraint. The UNICEF office has also recently undergone a high number of staff transfers, which has compounded the slow-down in implementation.

13. **Assessment of programme strategies: lessons learned**. Given that DANIDA has assumed responsibility for assistance to the water sector, the key MTR decision was to redirect the UNICEF sectoral focus away from nationwide assistance to the sector to the health leadership role of monastic institutions, to accelerate basic education and to expand the innovative model village strategy. This decision was supported by findings of the MTR evaluation of the religion and health project, which validated the strategy of health promotion through monks as an important channel for secular behaviour change.

14. The evaluation of the innovative non-formal education project concluded that the project was working well, creating significant demand, especially among women wanting a second chance at education. With the Government expanding the project, the MTR decided that UNICEF should increase its assistance.

15. UNICEF support to help improve the availability and use of data has been slower than envisaged due to an overestimation of both UNICEF and government capacity. Improved interdepartmental coordination and standardization of the data collection system are necessary. Ministries have different data which are often neither collated nor analysed. The capacity to analyse project costs is weak, so it is rarely done. With the advocacy and interest of many donors, the Government is moving towards strengthening evaluation. UNICEF has been focusing more on this programme starting in 1999.

16. The review pointed to the need for a stronger communications strategy, taking advantage of the Government's push into the new media and focusing increasingly on supporting parenting skills for early child care and development (ECCD).

17. **Country programme management plan (CPMP)**. The existing programme structure is being streamlined to take into account new programme thrusts in communication; sanitation, especially in model villages; and building capacity for evaluation. The Child Info database will also be strengthened.

Nepal

18. A steering group set up by the National Planning Commission and UNICEF Nepal coordinated the MTR exercise starting in January 1999. In addition to individual programme reviews conducted with the concerned government ministry, thematic reviews were carried out on the human rights approach to programming, gender, early childhood care (ECC), decentralization and participatory development, information systems on the situation of children and women, and resource mobilization. The review featured meetings at national and subnational levels and included the views of children. The UNFPA Country Support Team helped to update the analysis of the situation of children and women.

19. **The situation of children and women**. While the mean annual per capita income is $210, many live on less than $50 per year. In 1999, the population was estimated at 22 million, and it is predicted to increase to 32 million by 2016. Over one half of the nation live in isolated communities in the hills and mountains. The

under-five mortality rate (U5MR) has decreased from 195 per 1,000 live births in 1980 to 100 in 1999. Mortality is higher in the west and in the mountains. The most common causes of under-five mortality are acute respiratory infections and dehydration due to diarrhoea. The total gross primary school enrolment for girls has risen from 18 per cent in 1975 to over 98 per cent in 1996. However, girls' primary net enrolment was only 58 per cent in 1996 compared to 79 per cent for boys. Overall, the proportion of girls in school has risen from 18 to 40 per cent. The majority of districts still have low net enrolment ratios for girls, especially in the west. Rates of child malnutrition have changed little in the last 25 years; over 50 per cent of children under five years old are stunted compared to 65 per cent in 1975. For children under five years old, 5 in 10 suffer from protein-energy malnutrition (PEM), 8 in 10 from anaemia, 3 in 10 from vitamin A deficiency and 1 in 10 from iodine deficiency disorders.

20. Women and girls face multiple discriminations. Female literacy is the lowest among countries of the South Asian Association for Regional Cooperation. Almost one fifth of girls are married by the age of 15 years, and 60 per cent by the age of 18. Over one half begin childbearing by the age of 19 years. Three quarters of pregnant women are anaemic and only 1 per cent take iron supplements. Over 90 per cent of deliveries take place at home, generally without the assistance of a trained birth attendant. In a nationwide sample in 1996, in almost one half of the communities interviewed, women said that they were beaten often.

21. In terms of the policy environment, the most significant development during the first half of the programme was the passage of the Local Self-Governance Act and consolidation of the trend towards decentralization to local government authorities at district, municipal and village levels. Political instability in the central Government was the norm, with four administrations being formed. In 1999, a majority Government was elected. Insurgency, which is severely affecting the lives of families in 15 of 75 districts, is on the rise. This will be an important contextual factor in planning the next programme.

22. **Achievements and constraints**. There have been several achievements in basic education, including the start of a sector improvement plan in 1999 for basic and primary education, with joint funding by seven donors. UNICEF has been closely involved in planning and monitoring this programme, while maintaining its independence from the financial convergence of its joint funding mechanism. In addition, the Government has made early childhood development through community-based, pre-primary centres a key element in improving the efficiency of primary schools, with 10,000 child development centres to be established by 2004.

23. There has been progress in eradicating polio. The UNICEF-assisted programme supported a series of four annual NIDs since 1997 covering 4 million children in each round. As part of the eradication strategy, a surveillance system has been established with support from WHO and the United States Agency for International Development (USAID). UNICEF and USAID also supported the vitamin A programme, which aimed to benefit 2.6 million children in 59 of the 75 districts. Surveys showed that 90 per cent of the target group were reached in each distribution round. All districts will be covered by 2001. More than 80 per cent of households are currently using iodized salt. Visible goitre has all but disappeared.

24. The decentralized planning for the child programme, supported jointly by UNICEF and the United Nations Development Programme (UNDP), has started in 13 districts. Community organizations are involved in efforts to reduce child malnutrition. Drastic reductions have been reported from several districts.

25. Political instability, including frequent changes of Government and transfers of field-level government staff, continues to be a major constraint affecting social development programmes in the country.

26. **Assessment of programme strategies: lessons learned.** The main conclusion of the MTR recommended strengthening decentralization and district-focused approaches as overriding strategies for UNICEF cooperation. This took into account evolving government policy on decentralization and, particularly, the passage of the Local Self-Governance Act. The World Bank, the Asian Development Bank and certain bilateral agencies are now taking leading roles in sector development. Given its broad technical staff profile, the main role of UNICEF is to promote innovative holistic rights-oriented approaches district-wide in coordination with other United Nations partners, notably UNDP. Where programme models work well, the larger donors can support the Government in expanding the new approaches nationwide. In line with this, the MTR decided that the

majority of UNICEF-assisted activities should concentrate in a limited number of focus districts so that the interactions between sectoral interventions and the modalities needed for decentralized planning, implementation and monitoring can be explored. Key areas of national programming, such as immunization, vitamin A supplementation and salt iodization, would, nevertheless, continue to be implemented with UNICEF cooperation across the entire nation.

27. In addition, the MTR also decided that human rights approaches will be strengthened, with particular reference to fostering increased participation of all programme stakeholders, including children, in planning, development and evaluation. More will be done to target particularly vulnerable groups and to increase government accountability at all levels. Gender equity will be addressed more explicitly by targeting geographic areas that are especially prone to gender discrimination, tackling instances of systemic discrimination in the law and in administration, and by combating negative gender stereotyping and making information systems more gender sensitive. More integrated ECCD strategies for the survival, growth and development of the youngest children, including during foetal growth, will be developed in line with the main conclusion on decentralization. A new focus on adolescence will be developed, initially through the education programme, both to prepare young people for their responsibilities as adults and parents, and to prevent such problems as child marriage, trafficking and the spread of HIV/AIDS. More resources will be channelled towards engaging non-governmental organizations (NGOs) and other elements of civil society in the realization of children's and women's rights. Collaboration with United Nations agencies, such as those with UNDP on decentralization, WHO on polio eradication, UNFPA on reproductive health, the International Labour Organization on elimination of child labour, and the entire United Nations Country Team on child trafficking and HIV/AIDS, will be strengthened. UNICEF is seeking to increase Government involvement in mobilizing external resources for the programme.

28. **CPMP**. Programme management within UNICEF will be further decentralized to the four subnational field offices. The experiment of employing district field officers (currently on short-term contracts) in focus districts will continue. A human resources development plan is being developed.

Sri Lanka

29. **The situation of children and women**. The long-standing civil war has intensified. Military expenditure increased from 1.7 per cent of total public expenditure in 1980 to 15.7 per cent in 1995, representing the second largest budgetary share of total military expenditure in South Asia, after Pakistan. The numbers of displaced children, children in orphanages, children who have dropped out of school, child labourers, malnourished children and children with malaria are increasing. In the south and west, U5MR has continued to decline to less than 19 per 1,000 live births; no reliable data exist for the conflict-affected north and east. Average per capita income is $800. Income is highly skewed, with much lower averages in the north and east; families of 350,000 displaced children are too poor to purchase their own school equipment.

30. Child PEM has improved slowly in the south and west from 50 per cent in 1975, to less than 40 per cent in 1993, to around 30 per cent in 1996. Yet, some 70,000 children a year are still born malnourished, with a birth weight below 2.5 kilograms. Vitamin A and iron deficiencies among children are major concerns. However, high levels of immunization coverage have been maintained, even in the north and east.

31. A nationwide audit of maternal death, supported by UNICEF, revealed that maternal deaths are nearly three times higher than had been thought, but substantially less than had been predicted by the UNICEF/UNFPA/WHO model. The largest number of women die from complications associated with pregnancy and their limited access to quality care. The audit also revealed a significantly higher number of suicides than regular health statistics were picking up. By mid-1999, 256 HIV/AIDS cases had been confirmed, 38 per cent of which were women. There could be 6,000 people infected with HIV; however, this might still be an underestimation.

32. By 1992, 9 out of 10 primary school-aged children attended school in the south and west. Participation rates show that at least 200,000 children between the ages of 5-14 years do not attend regularly. An assessment of mastery levels showed no improvement between 1994 and 1998. In the north and east, one half of education posts are now vacant, and at the secondary level, there is a declining trend in achievement.

33. **Achievements and constraints**. The Government recognizes gaps in ECC policy and, with UNICEF support, is now finalizing a new policy. The training of nutrition and health workers in concepts of cognitive and psychosocial development, schoolteachers in survival and growth, and mothers in caring practices will be addressed. UNICEF has been supporting innovative programme models based on the new policy. One example is the crèche programme on tea estates, which relies on strong participation from community organizations and plantation management. Another example is the participatory nutrition improvement programme based in rural villages in the south and west. Preliminary results show a 50 per cent reduction of low-birth-weight rates, from 29 to 15 per cent. More than one half of pregnant mothers are now eating extra food during pregnancy, attending antenatal clinics regularly, and consuming iron and folate supplements.

34. Professional groups became more convinced that it was safe to iodize salt. The percentage of salt that has been iodized has risen from 10 in 1994 to about 50 in 1999. Between 1997 to 1999, 60 large hospitals were declared "baby-friendly", and media programmes on breastfeeding were conducted. Pre-school enrolments have risen from 40 per cent in 1994 to over 70 per cent. HIV/AIDS awareness has increased and targets free trade zone workers, displaced persons, religious leaders and school health clubs.

35. The overriding programme constraint is the difficulty of maintaining a coherent programme plan in conflict-affected areas. The absence of monitoring tools and procedures to track progress has allowed certain activities to be neglected or to move in unplanned directions. The programme's main achievements are limited to the delivery of supplies such as ambulances, materials for well and latrine construction, and requirements for immunization services.

36. **Assessment of programme strategies: lessons learned**. The MTR concluded that the programme consists of many small, disparate projects, mainly in the south and west, and one separate large emergency programme in the north and east. There is little technical interaction between staff working in the south and west and those working in the north and east. Thus, the country programme lacks a holistic focus. A major restructuring will be undertaken to integrate human, material and financial resources into the various programme components.

37. The review noted that the programme in the north and east is consistent with national policy, and that some form of implementation of national programmes continues there as elsewhere. However, the special needs of children in conflict zones, for example, for psychosocial support or for continuity of services despite population displacement, need to be addressed more systematically.

38. The process of learning lessons from the complex and innovative participatory nutrition improvement programme strategy remains incomplete since the full programme model is not yet fully operational. For example, the costs of maintaining the programme are not yet clear. Work will continue on learning lessons from this major intervention, which is being followed with interest by national and international partners.

39. Efforts to increase the awareness of programme partners about child protection issues and to increase the Government's capacity to address them were appreciated. For example, using school clubs to educate children on HIV/AIDS has turned out to be faster and more effective than modifying the school curriculum. A highly-publicized 24-hour hotline at the women's and children's desk in selected police stations resulted in an increase in complaints from 1997 to 1999 about child labour and sexual abuse cases. An unexpected spin-off of the strategy of highlighting the domestic child labour issue has been its reported influence in helping to reduce the domestic abuse of children. In the estate sector, health services were strengthened and 125 crèches were upgraded.

40. The programmes focused attention on the need to prioritize increased availability and use of data in critical areas. In-depth analysis and presentation of education statistics drew the attention of the cabinet to the fact that educational standards were lower than previously thought, with no improvement in basic competencies between 1994 and 1999. The audit of maternal death drew attention to the general decline in the once world-renowned vital registration system. In 2000, the programme plans to extend a major health survey to the north and east to obtain the first reliable demographic and health statistics from the conflict zone in 20 years.

41. In the future, the country programme will build upon a life-cycle approach. There will be a greater focus on integrated interventions at the crucial stages of a child's physical, psychological and psychosocial

development, with particular reference to the integration of service delivery for the young child.

42. **CPMP**. With the added responsibility of an ever-expanding programme in the north and east, and the need to oversee operations functions of the Male office, the decision has been made to internationalize the post of head of the Operations Section. In the Information and Communication Cluster, the creation of a Junior Professional Officer post is proposed to strengthen office capacity in advocacy and communication to further promote the concept of "children as zones of peace". One professional post has been deployed to the Vavuniya sub-office. This will ensure better UNICEF representation and closer attention to the needs of children in the conflict-affected areas.

Major country programme evaluations

Pakistan: Evaluation of the Ministry of Local Government and Rural Development Water Supply and Environmental Sanitation Programme supported by UNICEF in 1992-1998

43. The programme facilitates the provision of low-cost WES solutions and hygiene education to people in rural areas nationwide. The programme provided over 25,100 handpumps, over 158,000 slabs and pans for household latrines, and material for approximately 160 gravity-flow schemes. Almost 10,000 service users were interviewed, and over 1,200 handpumps, over 2,500 latrines, 183 schools and 16 gravity-flow schemes were examined.

44. Of the total handpumps, three quarters were found to be working, and the water from over 90 per cent of them was of acceptable quality. Among the latrines, four out of five were in use and more than three quarters were clean; figures varied by province, with handpump maintenance a particular problem in Punjab. Nine out of 10 schools had latrines, but in 40 per cent of cases, they were used exclusively by the teachers. The evaluation confirmed that separate latrines for girls are a major draw in helping to reduce gender disparity in school attendance, but strengthened school supervision is recommended to ensure that children have access to the facilities provided.

45. Hygiene education for schools and households has not been as successful. Some 87 per cent of women interviewed recalled receiving no hygiene education, and where hygiene education was carried out, one half of women felt that there had been no change in habits. About 81 per cent of teachers had no special training, but 87 per cent claimed to give hygiene instructions. The evaluation recommends identifying new communication strategies to promote hygiene and sanitation, improved standards for component manufacturing, and a stronger community role in the placement and servicing of pumps and latrines.

46. Regarding policy and management, evaluation stakeholders in the Government agreed that sectoral coordination at federal and provincial levels was weak. Thus, UNICEF and its partners will seek to enhance coordination. Some 90 per cent of the government budget to the sector is allocated to high-cost schemes servicing urban centres via the Pubic Health and Engineering Department, while only 10 per cent is allocated to the programme under evaluation. However, the latter has achieved far more with these limited resources to reach national WES goals, but remains under-funded. Discussion of the possibility of the reallocation of resources to low-cost technologies has not produced a tangible outcome so far. Evaluation stakeholders agreed that partnerships with NGOs and the private sector are weaker than they should be. The process for evaluating and reaching agreement on the policy implications of innovations such as village-wide drainage and waste management systems, an area in which this programme has made investments, is also weak.

India: Evaluation of UNICEF support to water and environmental sanitation over 30 years

47. Major funding for this evaluation was provided by the Department for International Development (DfID) (United Kingdom). Led by the London School of Hygiene and Tropical Medicine, evaluators were drawn from various agencies and institutions. The UNICEF Evaluation Office facilitated the evaluation.

48. The evaluators concluded that the UNICEF contribution to the promotion of cost-effective drilled wells and handpumps has been of tremendous benefit to the rural population. By 1999, about 3 million

community handpumps had been installed. These handpumps are vital for drinking water supply to at least one third of the population in 11 states. Strong national management emphasis on reaching time-bound coverage targets has been at the cost of borehole construction standards, which have been of low quality in some areas. On handpump production, when UNICEF was directly involved, quality was maintained. Standards are slipping now that UNICEF is no longer involved in quality assurance. UNICEF has worked in the forefront of developing handpump maintenance systems, but a comprehensive system for managing and self-financing community-based water supply maintenance has not yet been established. The strengthening of the *panchayati raj* (local bodies in rural areas) system provides a new opportunity to strengthen local management. A major focus of the programme, and a great success, has been the effort to build capacity for the manufacture of drilling rigs and handpumps. The industry has grown and includes production for export. The private sector partnership in the development of pumps, drilling rigs and other accessories is a factor of programme sustainability and expansion in other countries beyond India.

49. The evaluators agreed with UNICEF, government staff and other programme stakeholders that the future focus of UNICEF support, as described in the most recent country programme recommendation for India (E/ICEF/1998/P/L.31), should be environmental sanitation, along with school sanitation and hygiene education. This will require a retooling of in-house staff skills. Evaluation spin-offs include an excellent internal historical review of the programme, including the cataloguing of many of the programme's reports, some going back 30 years. In addition, DfID followed up the evaluation with a detailed review of current UNICEF staff competencies among the WES team, with recommendations on how to retool the team for the new programme. Finally, DfID has fully funded the other resources component of the new programme plan in the amount of $45 million.

Bangladesh: Evaluation of the Integrated Community Development Project in Chittagong Hills Tract

50. The objective of the Integrated Community Development Project is to improve the living conditions of tribal children and women living in remote areas of the Chittagong Hill Tracts, who receive lower levels of basic social services than the national average, and thus reflect poorer achievements in social indicators. For example, only 53 per cent of tribal children are immunized compared to a national average of 76 per cent, while 13 per cent of tribal mothers received antenatal care compared to the national average of 23 per cent. Contributing factors have been the political instability of the area and the fact that many of the areas are extremely hard to reach. In the area of education, primary school enrolment is lower among tribal children compared to the national average (particularly among girls) for the reasons mentioned above, but also due to language barriers.

51. The project established small community centres called "para-centres" in 1,800 communities, each serving approximately 20 to 25 households. A para-worker, based at the centre, provides pre-school education to young children and promotes public health messages, including reproductive health and sanitation. The mostly female para-workers have been trained in various aspects of para-centre activities, including techniques of providing basic education and communicating important messages related to the survival and well-being of the population. The total annual operating costs of a para-centre (capital and recurrent) is approximately $500. Although the first para-centres were established recently (in 1997), the evaluation concluded that the project had contributed significantly to increasing the awareness of the communities of health and nutrition issues (i.e. an increase from 66.9 to 94 per cent in awareness of iodized salt; and a 15 per cent increase in the adoption of reproductive health measures). The evaluation also found the enrolment and attendance rates of young children in para-centres to be satisfactory, and that ...nmunities had expressed a very positive attitude towards the educational activities of the centres.

52. The strategy of establishing and supporting para-centres as a unique service delivery mechanism was adopted due to the lack of capacity of the sectoral ministries of the Government to provide services to hard-to-reach areas. Despite the overall positive impact of the project, the institutionalization of the project within the local government structure from the initial stage would have contributed to ensuring its sustainability. The project will increase its focus on building the capacity of the local government and other partners to provide services, as well as advocating for a

greater sharing of the recurrent costs of the centres. UNICEF will also promote the use of the centres by other development partners (Government and NGOs) in order to broaden their use and ensure the sustainability of the centres as a service delivery mechanism. The evaluation concluded that support for the para-workers should be increased, such as the frequency of visits by the project officials, which currently averages six visits in seven months. The involvement of the newly established local government structure and traditional leaders (i.e. *Karbari*, traditional community leader) in the management and implementation of the project would also contribute to the sustainability of the project.

Bangladesh: Evaluation of the Urban Basic Services Development Project

53. The urban poor, living mainly in make-shift housing, represent 50 per cent of the urban population of 30 million. Starting in 1996, the programme has supported local government efforts to fulfil the rights of the poor to primary health care, basic education for young children, water and sanitation, and vocational training and legal assistance for women. This is achieved through the development of specialized centres and through advocacy aimed at policy makers to promote the states' obligation to fulfil the rights of the urban poor.

54. By the end of 1999, 206 urban development centres (UDCs) in four city corporations had been established, each serving approximately 2,000 people. In 21 *pourashavas* (small towns), services are provided through community centres. The average yearly cost of the centres is $455 per UDC. The evaluation concluded that the programme had increased awareness of important public health issues, including oral rehydration therapy, immunization and breastfeeding. The water and sanitation activities also had an impact through the provision of tube-wells and facilitation of the construction of latrines. The project increased the awareness decision makers of the rights of the poor living in urban slums.

55. The evaluation found that other development partners had included UDCs in their project models as a platform to deliver basic services. The evaluation recommended that through capacity-building interventions such as training and logistical support, the centres should be institutionalized within the structure of the city corporations/*pourashavas*. The capacity-building and advocacy component of the project will be strengthened. UNICEF will also negotiate with elected representatives to promote greater cost-sharing with the Government.

Conclusion

56. The newly emerging, cross-sectoral discipline of professional programme evaluation is starting to take root in South Asia. In 1999, UNICEF was a facilitator in the founding of the Sri Lanka Evaluation Association. A staff member represented the association at the first meeting of the presidents of evaluation associations in February 2000. UNICEF has been a driving force in the development of a more informal forum for evaluation in Bangladesh in 1999. In a region that is well-endowed with highly-qualified and experienced social sector analysts, this trend towards professionalizing programme evaluation bodes well for increasing the quality of evaluations in the coming years.

57. Within UNICEF, most country programmes in the region have shown increasing interest in integrated monitoring and evaluation planning in country programmes. Programme evaluation standards, which embody the principles of rights-based, have been adopted by many evaluation associations around the world. They are currently being adapted for internal UNICEF guidance and have been widely shared throughout UNICEF in South Asia in the last two years. Rights-based programming requires an investment of more time in all aspects of the programme cycle from evaluation to planning to ensure that child rights principles and the best interests of the child are supported and articulated by key stakeholders. This does demand more selective and focused programme strategies.

58. Finally, in-office work processes for improving the availability and use of both national and subnational data on trends and contrasts of key development outcomes, continue to be strengthened region-wide through the Child Info project. Starting in UNICEF India, the system was adopted regionally in 1996, and 1999 saw its adoption in-house in South-East Asia and in Eastern and Southern Africa. Interest is being shown in some other regions as well. Child Info was also adopted by the wider United Nations system in India, where it is known as Dev Info, and in Maldives.